

## Informed Consent and Permissions for Massage

**General intention and procedure:** I understand that the massage therapist will assess my general health and tissue status in order to determine any cautions, contraindications, or necessary adjustments for massage. The therapist does not diagnose illness, disease, or any other physical disorder, and does not prescribe or perform medical treatment, or spinal manipulation. Massage does not substitute for medical examination or treatment. **I understand it is my responsibility to report changes in my health and to give feedback during treatment so the therapist and I can work together as a team to optimize my experience.**

Massage is intended to decrease muscle tension, tissue restrictions, and pain in the structures being massaged as well as in related structures. Massage has also been shown to reduce adverse effects of physical and emotional stress, and to facilitate a state of relaxation and well-being. The effectiveness and duration of these positive outcomes is influenced by the therapist's choice of different forms/styles of massage, and their combination of general relaxation and structure specific techniques. General massage draping procedure is to keep all body areas covered when not being directly massaged, and the edges of the sheet/drape are considered the boundary for direct tissue contact. Standard draping procedures avoid exposure of breasts (for all clients), genitals, and the lowest point of the tailbone, called the coccyx.

To customize the massage session according to your needs and preferences, please initial in the following spaces that indicate your consent / permissions.

Your consent for UNCOVERED treatment in the following regions allows skin-to-skin contact in that area. If you prefer, I can easily work through the sheet or over clothing, which is indicated below by checking your preference for Covered Treatment.

Consent to massage uncovered	Consent to massage covered	No massage here	Variation Requested (describe below)
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**I. Buttocks (gluteals), Tailbone (sacrum) Lateral & Anterior Hip (pelvic girdle)**

Variation requested: \_\_\_\_\_

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**II. Abdominal & Lower Chest (Trunk / Torso)**

Variation requested: \_\_\_\_\_

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**III. Chest (pectoral), Ribcage, Armpit (axilla)**

Variation requested: \_\_\_\_\_

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**IV. Face & Jaw, Scalp**

Variation requested: \_\_\_\_\_

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**As a client, I can stop the treatment at any time if I feel uncomfortable for any reason during the session. I understand that I have the option to have a witness in the room during treatment, but it is my responsibility to provide this person for the session.**

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_